

**NORTHWEST POLE FITNESS
REGISTRATION AND WAIVER FORM**



Name: _____

Address: _____

City: _____

State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Emergency Contact: _____

Phone#: _____

Describe your present physical history.

Injuries/Surgeries: _____

Ailments/Illnesses: _____

Are you Pregnant/Past Pregnancies: _____

Other: _____

Describe your physical condition: Poor Fair Good Excellent

Are you currently under the care of the following:

Physical Therapy, if so Name _____

Chiropractic Care, if so Name _____

Massage or other bodywork, if so Name _____

Disclaimer:

In consideration of my being allowed to participate in Pole parties, lessons, classes, and/or its equipment, I agree to the following waiver and release.

I waive, release and discharge Northwest Pole Fitness and The Pilates Body Movement Studio LLC, it's officers, and members, and all business associates and partners involved in the presentation of activities and each of their officers and employees, from all liability for or by reason of any damage, loss or injury to person and property, even in injuring resulting in the death of the Releasor, which has been or may be sustained in consequence of participation of Pole Fitness activities, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee.

I hereby acknowledge and agree that I have carefully read this Waiver and Release agreement, and that I am freely and voluntarily executing it. By signing this release I will be forever prevented from suing or otherwise claiming against Northwest Pole Fitness or the Pilates Body Movement Studio for any property loss or personal injury I may sustain while participating in or preparing for the above noted activities. I understand that I would not be able to participate in the above noted activities unless I have signed this agreement. I understand that this agreement is binding upon me, my heirs, my spouse, my executors, administrators, personal representatives and assigns. I acknowledge I have not withheld any relevant information regarding my physical condition, which may affect me during or following a session.

I have read and understand this agreement, and I am aware that by signing this agreement, I am waiving certain legal rights which I or my heirs, executors, administrators and assigns, may have against Northwest Pole Fitness and the Pilates Body Movement Studio.

There is a 24hr cancellation policy or you will be charge for a visit _____ (initial)

Signed: _____ Date: _____